



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Centers for Disease Control
and Prevention (CDC)
Atlanta GA 30333

Oct 27 2005

The Honorable Christine Gregoire
Governor of Washington
Olympia, Washington 98504-0002

Dear Governor Gregoire:

I am writing to ask your assistance on an extremely important public health issue—the methods used to report HIV-infected persons to your state health department. On July 5, 2005, the Centers for Disease Control and Prevention (CDC) officially recommended that all states and territories adopt confidential name-based surveillance systems to report HIV infections as is currently used by all states to report AIDS cases. This action reinforced our past official guidance that all states adopt name-based HIV reporting (see enclosure).

There are many important reasons for adopting name-based HIV reporting systems. First, government agencies, including the Health Resources and Services Administration and the Department of Housing and Urban Development, depend on data from the surveillance system for the equitable allocation of resources for HIV care, treatment and support. Currently, AIDS case counts are used to guide the distribution of these funds. Concerns have been raised that such allocations are not equitable because the epidemic is not adequately reflected by AIDS cases alone, and that areas with emerging HIV epidemics are under-funded because all cases of HIV disease are not included. A related concern with basing allocations on AIDS cases is that jurisdictions are not adequately compensated for providing early access to care and treatment. Thus, interest is growing in using HIV as well as AIDS data to guide these funding decisions.

By federal law, for Fiscal Year 2007, HIV data reported to and confirmed by CDC will be used to allocate funding through the Ryan White Care Act for HIV treatment and care. CDC accepts data only from jurisdictions with confidential, name-based systems. Only confidential name-based HIV reporting, integrated with AIDS surveillance data, can currently be used by states to identify and remove cases that are counted in more than one state (a process called de-duplication) before they are reported to CDC's national surveillance database. Data from non-name-based systems cannot be included in counts for the formulas. Therefore, states that use non-name-based systems are at risk for losing federal dollars.

Second, name-based HIV reporting has been proven to be accurate and reliable. Studies have shown that HIV surveillance conducted using coded patient identifiers is more costly and does not produce better data when compared with confidential name-based surveillance systems.

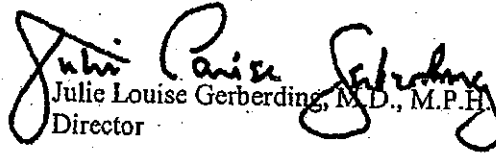
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Third, the goal of having national, high-quality HIV data can be achieved only through the use of a single, accurate HIV reporting system that can provide data from all states to monitor the scope of the HIV/AIDS epidemic, plan for and evaluate prevention and care programs, and focus efforts on the people who are most at risk.

While we recognize that authority for conducting public health surveillance resides with the states, we believe it is critical that all areas move as quickly as possible to an integrated, confidential name-based HIV/AIDS reporting system. More than three quarters of the reporting jurisdictions have authorized such reporting. Your area is one of the few areas that use code-based or name-to-code methods for HIV surveillance. CDC remains committed to providing your health department with the technical assistance necessary to change to name-based reporting rapidly and with minimal disruption to ongoing HIV/AIDS surveillance. To request technical assistance, you may contact Dr. Matthew McKenna, Chief of HIV Incidence and Case Surveillance, Division of HIV/AIDS Prevention, National Center for HIV, STD, and TB Prevention, CDC, by telephone at (404) 639-0900.

Thank you for your continued support and commitment to preventing HIV infection.

Sincerely,


Julie Louise Gerberding, M.D., M.P.H.
Director

Enclosure